

## **COVID-19 Guidance for Homeless Service Providers** (Updated 10.04.21)

### **Introduction**

The purpose of this document is to communicate policies and procedures for prevention of the transmission of the COVID-19 virus within shelter facilities for people experiencing homelessness. These policies are designed to protect clients residing in the shelter as well as non-clinical staff, volunteers, essential service providers such food/beverage vendors, security, and cleaning services.

### **About the spread of COVID-19**

SARS-CoV-2, the virus that causes COVID-19, is thought to spread mainly through close contact from person to person, including between people who are physically near each other (within about 6 feet). The virus appears to spread more efficiently than influenza. When people with COVID-19 cough, sneeze, sing, talk, or breathe they produce respiratory droplets. Infections occur mainly through exposure to respiratory droplets when a person is in close contact with someone who has COVID-19.

### **General infection control and prevention**

The following are general infection control measures that will prevent transmission of COVID-19. None of these measures is 100% effective alone, which is why using as many of them as possible in a “layered” approach is the best way to prevent COVID-19 transmission.

What each person can do:

- Stay home when sick
- Wear a mask (where applicable)
- Practice physical distancing / avoid crowds
- Practice good respiratory hygiene and handwashing (or using hand sanitizer)
- Get vaccinated

What the facility can do:

- Cohort people by vaccination status in dormitories and other communal spaces to allow for increased capacity
- Test symptomatic and exposed clients/staff for COVID-19
- Maximize indoor ventilation
- Regularly clean and disinfect
- Keep hand sanitizer, tissues, and waste baskets distributed throughout the facility

### **COVID-19 vaccination**

COVID-19 vaccines are safe and effective. Studies show the vaccines prevent people from getting COVID-19 and getting a vaccine will also help keep you from getting seriously ill even if you do get COVID-19. Vaccines teach our immune systems how to recognize and fight the virus that causes COVID-19. It

typically takes two weeks after vaccination for the body to build protection (immunity) against the virus that causes COVID-19. **People are considered fully protected two weeks after receiving the final vaccine dose** in a series (e.g., the 1<sup>st</sup> dose of a 1-dose vaccine series or the 2<sup>nd</sup> dose of a 2-dose vaccine series).

Staff and clients who have not been vaccinated against COVID-19 should get vaccinated as soon as possible. Vaccines are widely available in Maricopa County. All locations offering COVID-19 vaccines can be found at: <https://www.maricopa.gov/5659/COVID-19-Vaccine-Locations>

## **Masks**

### *Indoor spaces*

[CDC's Recommendations for Fully Vaccinated People](#) are updated regularly. As of July 27, 2021, CDC states that fully vaccinated people should wear a mask in public indoor settings in areas of substantial or high transmission and where required by federal, state, local, or tribal laws, rules, and regulations. **However, CDC states that all clients, staff, and volunteers of homeless shelters should continue to wear masks and maintain physical distance in shelters, regardless of vaccination status.**

**People are considered fully vaccinated two weeks after receiving the final vaccine dose** in a series (e.g., the 1<sup>st</sup> dose of a 1-dose vaccine series or the 2<sup>nd</sup> dose of a 2-dose vaccine series).

As outlined in sections below, communal spaces in a facility can be separated into an area for fully vaccinated people (including staff) and an area for people who are not fully vaccinated (or have unknown vaccination status).

- Areas designated for **fully vaccinated** people can operate at routine capacity
- Areas designated for people who are **not fully vaccinated** (or have unknown vaccination status) should continue to operate with 6 feet of physical distance between clients and staff, to the greatest extent possible.
- Per CDC, masks should continue to be worn in all indoor spaces of homeless shelters, **regardless of vaccination status**, except while eating/drinking and sleeping. **MCDPH recommends focusing staff resources on enforcing mask requirements in areas for people who are unvaccinated (or have unknown vaccination status).**

### *Outdoor spaces*

In encampments or other unsheltered locations, fully vaccinated individuals may follow [CDC Recommendations for fully Vaccinated People](#). People who are **not fully vaccinated** (or have unknown vaccination status) should continue to wear a mask when outdoors **and** unable to fully distance from others.

## **Key staff measures**

- Screen staff for symptoms consistent with COVID-19 prior to starting work. Staff with symptoms should follow the [MCDPH Release from Isolation](#) flow chart to determine when they can return to work.
- Require mask use at all times (except when eating/drinking) while in the facility for all staff, regardless of vaccination status, who do not have a medical condition that causes difficulty breathing or are unable to remove the mask without assistance.
- Require staff to wear masks when working in public settings or interacting with clients. They should still attempt to maintain a distance of 6 feet from each other and clients, even while wearing masks.
- Minimize the number of staff members who have face-to-face interactions with clients with respiratory symptoms.

- Consider assigning outreach staff who self-report not being vaccinated against COVID-19 and at risk for severe illness to duties that do not require them to interact with clients in person.
- Encourage staff members not to report to work when sick and to get tested if they have symptoms of COVID-19.
  - Develop and use contingency plans for increased absenteeism caused by employee illness or by illness in employees' family members. These plans might include extending hours, cross-training current employees, or hiring temporary employees.
- Encourage outreach staff to maintain good hand hygiene by washing hands with soap and water for at least 20 seconds or using hand sanitizer (with at least 60% alcohol) on a regular basis, including before and after each client interaction

### **Key client measures**

- Screen clients for symptoms by asking them if they feel feverish, have a cough or other symptoms consistent with COVID-19. (See additional details in next section.)
  - Anyone with symptoms consistent with COVID-19 should be isolated and tested for COVID-19.
  - If medical attention is necessary, use standard outreach protocols to facilitate access to healthcare.
- Require mask use at all times while in the facility for all individuals >2 years old who do not have a medical condition that causes difficulty breathing or is unable to remove the mask without assistance
  - All clients should wear masks any time they are not in their room or on their bed/mat (in shared sleeping areas)
  - If the client does not have a mask, they should be provided with one.
  - Masks should be removed while eating/drinking
- Discourage clients from spending time in crowded places or gathering in large groups, for example at locations where food, water, or hygiene supplies are being distributed.

If it is not possible for clients and staff to avoid crowded places, encourage wearing masks and spreading out (at least 6 feet between people) to the extent possible.

### **Regularly assess clients for symptoms**

Clients who have symptoms consistent with COVID-19 may or may not have COVID-19. Make sure they have a place they can safely isolate in coordination with MCDPH and partners. COVID-19 testing should be facilitated for these individuals.

- If available, a nurse or other clinical staff can help with clinical assessments. These clinical staff should follow personal protective measures.
- Provide anyone who presents with symptoms with a mask.
- Facilitate access to non-urgent medical care as needed.

Use standard outreach procedures to determine whether a client needs immediate medical attention.

- Emergency signs include (this list is not all inclusive. Please refer clients for medical care for any other symptoms that are severe or concerning to you):
  - Trouble breathing
  - Persistent pain or pressure in the chest
  - New confusion or inability to arouse
  - Pale, gray, or blue-colored skin, lips, or nail beds, depending on skin tone
  - Notify the designated medical facility and personnel to transfer that clients might have COVID-19.

### **Diagnostic Testing: testing persons with signs or symptoms consistent with COVID-19**

Persons experiencing homelessness who have COVID-19 signs and/or symptoms should be isolated away from others and tested for COVID-19 as soon as possible by a PCR or antigen test. The client should wear a mask covering the nose and mouth and possibly be sent to a healthcare facility, depending on the severity of symptoms.

- If the result is negative using an antigen test, the result should be confirmed by a laboratory-based PCR test, if possible. If this occurs, the person should be isolated until the result of the PCR test is known.
  - If the PCR test is positive, the person should be isolated until they meet the criteria for [release from isolation](#).
  - If the PCR test is negative, the person should be isolated until they have gone 24 hours without a fever and other symptoms are improving.
- Persons with a positive PCR or antigen test should be isolated either on site or at an isolation facility. They should remain in isolation until they have met the criteria for [release from isolation](#).

### **Diagnostic Testing: testing asymptomatic persons with known or suspected exposure to COVID-19**

Contact tracing close contacts of persons experiencing homelessness can be challenging and location-based contact tracing can be used—that is, broader testing of clients, staff, and volunteers in locations the person with COVID-19 recently visited or slept (e.g., neighboring bunkmates in a dormitory).

What to do for *unvaccinated (or vaccination status unknown)* close contacts of someone with COVID-19:

- Unvaccinated close contacts should **quarantine** per [MCDPH Quarantine Guidance](#) in designated quarantine housing, if feasible.
- Unvaccinated close contacts should be **tested** for COVID-19, ideally 3–5 days after their exposure, regardless of whether they have symptoms.
- If an unvaccinated close contact **has symptoms** consistent with COVID-19, the person should isolate until they have completed the isolation period outlined in [MCDPH Isolation Guidance](#) and be tested for COVID-19.

What to do for *vaccinated* close contacts of someone with COVID-19:

- Vaccinated close contacts do not need to quarantine, as long as they do not have any symptoms, as outlined in [MCDPH Quarantine Guidance](#).
- Vaccinated close contacts should be **tested** for COVID-19, ideally 3–5 days after their exposure, regardless of whether they have symptoms.
- If a vaccinated close contact **has symptoms** consistent with COVID-19, the person should isolate until they have completed the isolation period outlined in [MCDPH Isolation Guidance](#) and be tested for COVID-19.

### **Surveillance/Screening Testing: testing asymptomatic persons without known or suspected exposure to COVID-19 for early identification, isolation, and disease prevention**

Widespread testing, regardless of signs or symptoms, is a key component of a layered approach to prevent SARS-CoV-2 transmission in congregate settings. This screening allows early identification and isolation of persons who are asymptomatic, presymptomatic, or have only mild symptoms and who may be unknowingly transmitting virus.

Frequency of screening testing can be informed by the level of community transmission, which can be found for Maricopa County at [www.maricopa.gov/schooldashboard](http://www.maricopa.gov/schooldashboard) and <https://www.azdhs.gov/covid19/index.php#schools-dashboard>.

Please see CDC's recommendations for the frequency and duration of surveillance/screening testing in their [Interim Guidance for SARS-CoV-2 Testing in Homeless Shelters and Encampments](#).

### **Isolation for clients known or suspect of having COVID-19**

If a client has tested positive for COVID-19:

- Use standard outreach procedures to determine whether a client needs immediate medical attention.
  - If needed, notify designated medical facility and personnel that the client has tested positive for COVID-19.
- If immediate medical attention is not required, facilitate transportation to an isolation site. If you are in Maricopa County:
  - Call 24/7 Triage Hotline (623-643-9689) to request a transport van for a COVID-19 positive individual or person with symptoms consistent with COVID-19 who has not yet been tested (a "PUI" or "person under investigation").
  - Provide client information including:
    - Name
    - Date of birth
    - Health status (i.e., COVID-19 positive or PUI)
    - Pick-up location
    - Drop-off location (i.e., the isolation facility)
- Clients arriving at a designated isolation facility may be tested on-site before being provided accommodations for secure isolation.
- The client should complete the recommended isolation period as outlined in [MCDPH Isolation Guidance](#).

### **Quarantine and testing for clients exposed to COVID-19**

- If a client has tested positive for COVID-19, consider identifying individuals who occupied the beds around the person with COVID-19 while they were infectious, if clients are unable to sleep at least 6 feet apart, and any other close contacts the client can identify.
  - A person is considered infectious 2 days before the start of symptoms or if the person does not have symptoms, 2 days before their positive test specimen was collected.
- Clients identified as close contacts of a COVID-19 case should be tested for COVID-19 as soon as possible, and if possible, unvaccinated clients should be allowed to quarantine at a designated facility.
- If unvaccinated clients are able to quarantine, the duration of quarantine in [MCDPH Quarantine Guidance](#) should be followed.

### **Facility layout considerations**

- Use physical barriers to protect staff who will have interactions with clients with unknown infection and vaccination status (e.g., check-in staff). For example, install a sneeze guard at the check-in desk or place an additional table between staff and clients to increase the distance between them to at least 6 feet.
- For clients with mild respiratory symptoms consistent with COVID-19:
  - Facilitate transfer to a location where these clients can be tested for COVID-19 and complete the recommended isolation period as outlined in [MCDPH Isolation Guidance](#).
  - If a location for isolation is not available:
    - Prioritize these clients for individual rooms.
    - If individual rooms are not available, consider using a large, well-ventilated room.
    - Keep mats/beds at least 6 feet apart.

- Use temporary barriers between mats/beds, such as curtains.
  - Align mats/beds so clients sleep head-to-toe.
  - If possible, designate a separate bathroom for these clients.
- For clients with confirmed COVID-19, regardless of symptoms:
  - Facilitate transfer to a location where these clients complete the recommended isolation period as outlined in [MCDPH Isolation Guidance](#).
  - If a location for isolation is not available:
    - Prioritize these clients for individual rooms.
    - If more than one person has tested positive, these clients can stay in the same area.
    - Designate a separate bathroom for these clients.
    - Follow [CDC recommendations](#) for how to prevent further spread in your facility.
- If possible, communal spaces can be separated into an area designated for people who are **fully vaccinated** (including staff) and an area for people who are **not fully vaccinated** (or have unknown vaccination status).
  - The area designated for people who are **fully vaccinated** can operate at routine capacity. [Per CDC](#), people in these areas should continue to wear masks at all times when not eating/drinking or sleeping.
  - The area designated for people who are **not fully vaccinated** (or have unknown vaccination status) should continue to operate with physical distancing of 6 feet (where feasible). [Per CDC](#), people in these areas should wear masks at all times when not eating/drinking or sleeping.
    - Areas should be separated by a wall, partition, or equivalent, to prevent transmission of respiratory droplets across areas.
  - **People are considered fully vaccinated two weeks after receiving the final vaccine dose** in a series (e.g., the 1<sup>st</sup> dose of a 1-dose vaccine series or the 2<sup>nd</sup> dose of a 2-dose vaccine series).
- In general sleeping areas for those who are **not fully vaccinated (or have unknown vaccination status)**, try to make sure clients' faces are at least 6 feet apart (where feasible).
  - Align mats/beds so clients sleep head-to-toe.
- In general sleeping areas for those who are **fully vaccinated**, sleeping arrangements can return to the facility's typical layout.
  - Align mats/beds so clients sleep head-to-toe, where feasible.
- In meal service areas, for those who are **not fully vaccinated (or have unknown vaccination status)**, try to create 6 feet of space between seats (where feasible) and/or allow food to be delivered to clients or for clients to take food away.
  - Ideally, seats should face the same direction while eating to prevent transmission of respiratory droplets.
- In meal service areas, for those who are **fully vaccinated**, eating arrangements can return to the facility's typical layout and processes.

### **Considerations for determining vaccination status**

The process by which a facility seeks information about an individual's vaccination status is at the discretion of the facility. MCDPH recommends using a voluntary approach where clients have the opportunity to disclose their vaccination status. If a facility or client needs verification of their vaccination status, MCDPH can work with the facility on a process to assist with this if the client has signed a release form.

As a reminder: **people are considered fully vaccinated two weeks after receiving the final vaccine dose** in a series (e.g., the 1<sup>st</sup> dose of a 1-dose vaccine series or the 2<sup>nd</sup> dose of a 2-dose vaccine series).

### **Considerations for encampments**

- If individual housing options are not available, allow people who are living unsheltered or in encampments to remain where they are.
- Encourage those staying in encampments to set up their tents/sleeping quarters with at least 12 feet x 12 feet of space per individual.
  - If an encampment is not able to provide sufficient space for each person, allow people to remain where they are but help decompress the encampment by linking those at increased risk for severe illness to individual rooms or safe shelter.
- Ensure nearby restroom facilities have functional water taps, are stocked with hand hygiene materials (soap, drying materials) and bath tissue, and remain open to people experiencing homelessness 24 hours per day.
  - If toilets or handwashing facilities are not available nearby, assist with providing access to portable latrines with handwashing facilities for encampments of more than 10 people. These facilities should be equipped with hand sanitizer (containing at least 60% alcohol).

### **Room and facility cleaning recommendations**

The virus that causes COVID-19 can land on surfaces. It's possible for people to become infected if they touch those surfaces and then touch their nose, mouth, or eyes. In most situations, the risk of infection from touching a surface is low. The most reliable way to prevent infection from surfaces is to regularly wash hands or use hand sanitizer.

Prioritize cleaning and disinfecting high-touch surfaces. At a minimum, these surfaces should be cleaned and disinfected once a day. High-touch surfaces include, but are not limited to:

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|------------------|---------------------------------|
| • Counters       | • Stair rails                   |
| • Shopping carts | • Elevator buttons              |
| • Tables         | • Desks/keyboards/phones        |
| • Doorknobs      | • Toilets/faucets/sinks         |
| • Light switches | • Writing utensils (pens, etc.) |
| • Handles        |                                 |

### **Protecting cleaning staff**

- Ensure cleaning staff are trained on proper use of cleaning (and disinfecting, if applicable) products.
- Wear gloves for all tasks in the cleaning process.
- Wash your hands with soap and water for 20 seconds after cleaning. Be sure to wash your hands immediately after removing gloves.
- If hands are visibly dirty, always wash hands with soap and water.
  - If soap and water are not available and hands are not visibly dirty, use an alcohol-based hand sanitizer that contains at least 60% alcohol, and wash with soap and water as soon as you can.
- Special considerations should be made for people with asthma. Some cleaning and disinfection products can trigger asthma.
- If your disinfectant product label does not specify that it can be used for both cleaning and disinfection, clean visibly dirty surfaces with soap or detergent before disinfection.

- Use a disinfectant product from the [EPA List N](#) that is effective against COVID-19. Check that the [EPA Registration number](#) on the product matches the registration number in the List N search tool.
  - If products on EPA List N Disinfectants for Coronavirus (COVID-19) are not available, bleach solutions can be used if appropriate for the surface.
- Always follow the directions on the label to ensure safe and effective use of the product. The label will include safety information and application instructions. Keep disinfectants out of the reach of children. Many products recommend keeping the surface wet with a disinfectant for a certain period (see product label).
- Always take necessary safety precautions.
  - Ensure adequate ventilation while using the product.
  - Wear gloves. Gloves should be removed carefully to avoid contamination of the wearer and the surrounding area. Additional PPE, such as glasses or goggles, might be required depending on the cleaning/disinfectant products being used and whether there is a risk of splash.

For information on cleaning/disinfecting specific types of surfaces, see CDC's recommendations for [Cleaning and Disinfecting Your Facility](#)

#### **Laundry**

- Use the warmest appropriate water setting and dry items completely.
- It is safe to wash dirty laundry from a person who is sick with other people's items.
- If handling dirty laundry from a person who is sick, wear **gloves and a mask**.
- Clean clothes, hampers, or laundry baskets according to guidance for surfaces.
- Wash hands after handling dirty laundry.

#### **Trash collection**

- If handling trash from a person who is sick, wear **gloves and a mask**.

#### **Clean and disinfect your facility when someone is sick**

If there has been a sick person or someone who tested positive for COVID-19 in your facility within the last 24 hours, you should clean and disinfect the spaces they occupied.

##### *Before cleaning and disinfecting*

- Close off areas used by the person who is sick and do not use those areas until after cleaning and disinfecting.
- Wait as long as possible (at least several hours) before you clean and disinfect.

##### *While cleaning and disinfecting*

- Open doors and windows and use fans or HVAC (heating, ventilation, and air conditioning) settings to increase air circulation in the area.
- Use products from [EPA List N](#) according to the instructions on the product label.
- Wear a **mask and gloves** while cleaning and disinfecting.
- Focus on the immediate areas occupied by the person who is sick or diagnosed with COVID-19 unless they have already been cleaned and disinfected.
- Vacuum the space if needed. Use a vacuum equipped with high-efficiency particulate air (HEPA) filter and bags, if available.
  - While vacuuming, temporarily turn off in-room, window-mounted, or on-wall recirculation heating, ventilation, and air conditioning systems to avoid contamination of HVAC units.



- Do NOT deactivate central HVAC systems. These systems provide better filtration capabilities and introduce outdoor air into the areas that they serve.
- It is safe to wash dirty laundry from a person who is sick with COVID-19 with other people's items, if needed.
- Ensure safe and correct use and storage of cleaning and disinfectant products, including storing such products securely and using PPE needed for the cleaning and disinfection products.

**Resources**

MCDPH: [Isolation Guidance](#)

MCDPH: [Quarantine Guidance](#)

CDC: [Interim Guidance for Fully Vaccinated People](#)

CDC: [Interim Guidance on People Experiencing Unsheltered Homelessness](#)

CDC: [Interim Guidance for SARS-CoV-2 Testing in Homeless Shelters and Encampments](#)

CDC: [Interim Guidance for Homeless Service Providers to Plan and Respond to COVID-19](#)

CDC: [Performing Broad-Based Testing for SARS-CoV-2 in Congregate Correctional, Detention, and Homeless Service Settings](#)

CDC: [Cleaning and Disinfecting Your Facility](#)